

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED MAR 5 - 1940

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County PlatteTownship PettisCity 520 Emma Reineke(No. 70)Registration District No. 695Primary Registration District No. 5922File No. 7811

Registered No. \_\_\_\_\_

St. \_\_\_\_\_

Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. Parkville - Rural

(Usual place of abode)

Ward \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. 5 mos. \_\_\_\_\_

ds. \_\_\_\_\_

How long in U. S., if of foreign birth?

yrs. \_\_\_\_\_

mos. \_\_\_\_\_

ds. \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

female

## 4. COLOR OR RACE

white

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

## 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Ed. Reineke

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Feb. 21 1875

## 7. AGE

64

## YEARS

## MONTHS

11

## DAYS

27

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_

11. Total time (years) spent in this occupation \_\_\_\_\_

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

## 13. NAME

John L. Johnson

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

## 15. MAIDEN NAME

Sarah Johnson

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

## 17. INFORMANT (ADDRESS)

Ed. Reineke

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE LincolnDATE Feb 20 1940

## 19. UNDERTAKER (ADDRESS)

W. H. Johnson

## 20. FILED

3 1940S. P. Ford

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18 194022. I HEREBY CERTIFY, That I attended deceased from Feb 5 1940 to Feb 18 1940I last saw him alive on Feb 16 1940 Death is saidto have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset \_\_\_\_\_

Other contributory causes of importance: 94 PName of operation None Date of \_\_\_\_\_What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. H. Woodward(Address) Portville

M. D.

RECEIVED

District Health Officer No. 11,

District File Number 340-207

Date Filed MAR 4 1940